

## Chapter Four

### Certification

---

---

**Definition**

Certification is the process by which a person is enrolled in the WIC program.

---

**In this Chapter**

This chapter is divided into 11 sections which detail time periods for certification, forms used for certification and their function, certification standards and procedures, and five appendices.

---

*Continued on next page*

## Chapter Four

### Certification

---

Section	Title	Page Number
A	Certification Periods	3
B	Forms Used in the Certification Process	7
C	Function of Forms Used in the Certification Process	8
D	Certification Standards & Procedures – Separation of Duties	10
E	Certification Standards & Procedures – Priorities	11
F	Certification Standards & Procedures – Timetable	12
G	Certification Standards & Procedures – Process	14
H	Certification Standards & Procedures – Persons Eligible for WIC Services	16
I	Certification Standards & Procedures – Persons Not Eligible for WIC Services	18
K	Certification Standards & Procedures – Waiting Lists	20
K1	Waiting Lists: Determination of Priority Closing	21
K2	Waiting Lists: Processing of Applicants	23
K3	Waiting Lists: Program Considerations	24
L	Certification Standards & Procedures – Transfer of Certification	29
M	Certification Standards & Procedures – Caseload Reduction Due to Funding Shortages	34
Appendix A	Forms	Appendix A
Appendix B	USDA Memo: FNS Instruction 803-6	Appendix B
Appendix C	Flow Sheet for Monitoring Caseload	Appendix C
Appendix D	Sample of Letter for: Referral Agency Communication re: Waiting List	Appendix D
Appendix E	Script for WIC Staff re: waiting lists	Appendix E

## Chapter Four

### Certification

---

#### Section A

#### Certification Periods

---

**The WIC Program services are based on the following certification time frames:**

---

##### **Pregnant Women**

Certification will be valid up to six (6) weeks postpartum.

All documentation which includes the date when the certification ends must read “up to six (6) weeks postpartum.”

A pregnant woman enrolled in WIC who has had an abortion, spontaneous (miscarriage) or therapeutic, is eligible to receive drafts until six (6) weeks past the date the pregnancy ended. Those participants then can apply for services as a postpartum woman.

---

##### **Postpartum Women**

A breastfeeding woman is eligible to participate for up to 1 year postpartum (up to the infant's first birthday) and is certified at approximately 6 month intervals.

A woman can be certified from the time her infant turns six (6) months old until the infant's first birthday only as she continues to breastfeed. The Arizona WIC Program identification folder/transfer card will be completed, for Date of Certification Expires, to read: “Infant's first birthday or when breastfeeding ends.”

A woman who ceases breastfeeding prior to six (6) months postpartum can continue to participate until that time if she has a risk of her own as a postpartum woman. If no nutritional risk exists, the woman must be terminated from the program.

---

*Continued on next page*

## Chapter Four

### Certification

---

---

#### **Infant less than six months old**

An infant less than six (6) months of age at the time of certification is enrolled until her/his first birthday if s/he meets Priority I, II or IV criteria. Local agencies must evaluate the health status of all infants who are at six (6) months of age.

The six (6) month evaluation does not affect the ending certification date, which is the infant's first birthday.

---

#### **Infant more than six months old**

An infant more than six (6) months of age at the time of certification is enrolled for six months from the day of certification if s/he meets Priority I or IV criteria. Infants who are six (6) months old or older may not be certified as Priority II participants.

---

#### **Child**

Children are certified for 6 month periods ending with the month in which the child turns 5 years of age.

Note: If a child is still in a valid certification period (has not yet received six food packages in the current certification period) in the month s/he turns five (5), a food package can be issued even if the pickup is after the birthday.

---

*Continued on next page*

## Chapter Four

### Certification

---

---

#### Example

Six (6) Month Certification Periods (to be used for completing WIC identification folders):

---

Certification begins in:	Certification ends in:
January	June
February	July
March	August
April	September
May	October
June	November
July	December
August	January
September	February
October	March
November	April
December	May

---

#### Special Conditions

The certification period may be adjusted plus or minus 30 calendar days from the ending date for the following reasons:

- Difficulty in appointment scheduling or getting to the clinic for certification due to extreme hardship, i.e., illness, imminent childbirth, inclement weather conditions, distance to travel, high cost of travel or documented physical disability preventing travel.
- When a medical case conference is required to determine participant's nutritional or medical status.

If the participant is found eligible to continue receiving program services, the new certification period begins on the date the participant is recertified and receives the first set of food instruments in the new certification period.

---

*Continued on next page*

## Chapter Four

### Certification

---

---

#### **Women's Nutrition Risk Determination**

All data used to determine nutritional risk will be reflective of the woman's categorical status at the time of certification. For example, a woman certified during pregnancy as anemic cannot be certified in the postpartum period using any hemoglobin or hemocrit value obtained during pregnancy.

---

## Chapter Four

### Certification

---

#### Section B

#### Forms Used in the Certification Process

---

The following forms may be used to certify applicants as eligible or ineligible for WIC and notify them of the action taken on their application:

	Enrolled	On Waiting List	Ineligible
Consent/Release Form	X	If appropriate	If appropriate
Dietary Assessment Form	If appropriate	If appropriate	If appropriate
I.D. Folder/Transfer Card (VOC*)	X		
Waiting List Form		X	
Ineligibility Form			X

\* VOC= Verification of Certification

---

## Chapter Four

### Certification

---

#### Section C

#### Function of Forms Used in the Certification Process

Name of Form	Function of Form
Rights and Responsibilities	<b>Details data necessary for determination of eligibility including:</b>
	Applicant's name
	Applicant's identification number
	Applicant's address
	Date of initial visit
	Date of certification
	Gives permission to perform the tests necessary for WIC certification and to release information to the Arizona WIC Program and to health care providers.
	Verifies the above data through sworn statements signed by the participant or participant's authorized representative, and the certifier (including printed name and title)

*Continued on next page*



## Chapter Four

### Certification

---

Dietary Assessment	Verifies participant's eligibility or ineligibility for WIC services based on adequacy of diet.
Arizona WIC Program Identification Folder/Transfer Card	Identifies participant
	Serves as a signature card for the authorized representative when cashing food instruments.
	Serves as a record of dates when certification period begins and ends.
	Identifies participant's nutritional risk.
	Informs participant of WIC appointments
	Informs participant of WIC obligations.
	Informs participant and vendors about which foods are acceptable for purchase with WIC food instruments.
	Protects WIC food instruments issued to participant.
	Informs participant of where to report claims of discrimination.
	Serves as a transfer document for participants who relocate.
	Serves as identification of migrant status.
Waiting List Letter	Documents eligibility.
	Establishes a place for the applicant on the waiting list.
Ineligibility Letter	Notifies participant of ineligibility for WIC.
	Informs participant of reason for determination.
	Notifies participant of the right to appeal the determination.
	Informs participant of where to report claims of discrimination.

## Chapter Four

### Certification

---

#### Section D

#### Certification Standards and Procedures – Separation of Duties

---

<b>Definition</b>	A standard accountability/security practice to separate certification and food instrument issuance responsibilities between more than one person when possible.
<b>Policy</b>	Local Agencies will separate staff activities (duties) of determining participant certification from the issuance of food instruments.
<b>Procedure</b>	<p>Assign separate key duties to staff. Split the certification and food instrument issuance duties between different staff members to avoid a single staff doing all functions of the certification if possible.</p> <p>Example: The CNW position would have roles that allow for determining the participant's eligibility and prescribing food packages. The clerk position would have the role to issue the food instruments.</p>
<b>Conflict of Interest</b>	<p>WIC staff who are related to or reside in the same household as applicants and/or participants in the WIC program shall not participate in the certification process or draft issuance of these individuals.</p> <p>The State agency encourages local agencies where possible to have different staff responsible for certification and draft issuance.</p>

---

## Chapter Four

### Certification

---

#### Section E

#### Certification Standards and Procedures – Priorities

---

<b>Special Note</b>	The priority which indicates the greatest level of risk will be used to certify the applicant.
---------------------	--

---

**Priority Categories for WIC services are the following:**

<b>Priority I</b>	Pregnant and breastfeeding women and infants at risk based upon hematological or anthropometric measurements or other documented nutritionally related medical condition. Women breastfeeding Priority I infants with risk other than 702 or infants breastfed by Priority I women with risks other than 601.
<b>Priority II</b>	Infants born to women who participated in WIC during pregnancy. Infants born to women who would have been eligible based upon hematological or anthropometric measurements or other documented nutritionally related medical conditions. Women breastfeeding Priority II infants with risk other than 702.
<b>Priority III</b>	Children and some postpartum women at risk based upon hematological or anthropometric measurements or other documented nutritionally related medical conditions.
<b>Priority IV</b>	Pregnant and breastfeeding women and infants at risk due to inadequate dietary patterns.
<b>Priority V</b>	Children at risk because of inadequate dietary patterns.
<b>Priority VI</b>	Postpartum women at nutritional risk.
<b>Priority VII</b>	Participants who might regress in nutritional status without continued provision of supplemental foods.

Note: Regression may not be used for initial certification, and may not be used consecutively as a reason for recertification. Regression cannot be used to recertify Priority II infants.

---

## Chapter Four

### Certification

---

#### Section F

#### Certification Standards and Procedures – Timetable

---

<b>Within 10 days</b>	Priority I pregnant women, infants less than six (6) months, homeless, and migrants are notified of their eligibility, ineligibility, or placement on a waiting list within ten (10) calendar days of the date of request for WIC services.
<b>Within 20 days</b>	All other applicants requesting WIC services are notified of their eligibility or ineligibility or placement on a waiting list within 20 calendar days from the date of request for WIC services.
<b>Extension of Timetable</b>	<p>An extension to a maximum of fifteen (15) calendar days for notifying Priority I pregnant women, infants less than six (6) months of age, homeless and migrants, may be granted by the State to local agencies.</p> <p>A written request justifying the extension must be received by the State agency and written approval must be given to the local agency prior to implementation.</p>

---

*Continued on next page*

## Chapter Four

### Certification

---

#### **Local agency responsibility**

Local agencies will develop follow-up procedures to contact all those applicants who are potentially Priority I pregnant women and migrants who miss their certification appointments. Procedures will include the methods of contact, information to be collected, the date the applicant requests services, and rescheduling of failed certification appointments.

Time frames for completing the certification process, as specified above, begin when the applicant appears in person at the local agency and requests WIC services.

Local agencies will maintain documentation of the date the initial request for services was made and will enter this date on the Cert Action screen of the AIM system.

For applicants who miss their appointment, the local agency staff will attempt to contact them within two (2) business days by phone or mail. The next appointment offered will be based on the next available or local agency policy. This will then be documented. The date on which the applicant requests a new eligibility interview will become the "Date of the Initial Request."

When a pregnant woman requests an appointment, the local agency will request an address and telephone number where she can be reached. Should she fail to keep her certification appointment, the local agency will attempt to contact her to reschedule. A record of the attempt to contact her will be maintained by the local agency in the Appointment Scheduler of the AIM system.

Applicants failing to provide verification of eligibility data within the established time frame will be denied participation in the program. They may reapply as soon as they have the necessary documentation and the time frames begin at the time of reapplication.

## Chapter Four

### Certification

---

#### Section G

#### Certification Standards & Procedures – Process

---

##### Eligibility Determination

Local agency staff determines if the applicant meets each of the following eligibility criteria:

- Categorical;
  - Residence;
  - Income; and
  - Nutritional Risks.
- 

##### Documentation

Using the AIM system, the local agency certifier documents:

- Applicant's name, identification number, ethnic code, date of birth, address and telephone number (if available);
  - All medical data and health history information used for the determination of nutritional risk and the date this was obtained; and
  - The final determination made about eligibility.
- 

*Continued on next page*

## Chapter Four

### Certification

---

---

**Physical Presence** Applicants to the WIC program are required to be physically present at the time of WIC Certification.

**Exception 1**

A condition that requires medical equipment which is not easily transportable.

**Exception 2**

A medical condition that requires confinement to bed rest.

**Exception 3**

A serious illness that may be worsened by coming to the clinic.

All exceptions must be documented by a Medical or Osteopathic Physician, Nurse Practitioner or Physician Assistant. Included in documentation should be Date, Diagnosis and Reason for Inability to come to clinic.

---

## Chapter Four

### Certification

---

#### Section H

#### Certification Standards and Procedures – Persons Eligible for WIC Services

---

##### WIC Program Rights and Responsibilities

For those applicants determined eligible to participate, the following will occur:

In a language the participant understands, the certifier will explain:

- Participant rights and responsibilities;
  - Which foods are authorized for purchase with WIC food instruments;
  - Use of the food instruments;
  - Arizona WIC Program requirements;
  - Local agency requirements;
  - The illegality of simultaneous participation in more than one (1) WIC program and/or CSFP;
  - The duration of the certification period;
  - The purpose of the identification (ID) folder/transfer card;
  - WIC does not discriminate;
  - Option to register to vote;
  - Right to appeal.
-



## Chapter Four

### Certification

---

---

#### Risks/Plan

In terms that the participant understands, the certifier will:

- Explain the risk factor(s) which make(s) the participant eligible for WIC.
  - Negotiate and tailor the food package based on risks, nutritional needs and participant preference.
  - Develop a plan and deliver nutrition education, which is based on individual needs and risks.
  - Make referrals based on nutritional risks and needs.
- 

#### Health Services Available

In a language that the participant understands, the certifier will discuss the availability of health services, including:

- The types of health services;
  - The types of referral services;
  - The location of services;
  - How services are obtained;
  - The reason why services are useful.
- 

#### Arizona WIC Program ID folder/transfer card/VOC

An Arizona WIC Program identification folder/transfer card will be issued to the participant. The folder will include the participant's name, the date, the current certification expires and the name and address of the certifying local agency. The completed Consent/Release form will be retained in the daily or central file.

Participant and certifier sign the identification folder. This serves as the signature card for using the food instruments produced by the AIM system.

---

#### Food Instrument Issuance

Participants will be issued at the time of certification.

---

## Chapter Four

### Certification

---

#### Section I

#### Certification Standards and Procedures – Persons Not Eligible for WIC Services

---

##### **Notification of Ineligibility**

The applicant will be given the Arizona WIC/CSF Programs “Notification of Ineligibility” for which states the reason for the determination and how to appeal the decision. The applicant must sign the letter, indicating that s/he understood why s/he is not eligible.

- Categorical ineligibility;
- Residence outside of service area;
- Income above maximum allowable income;
- Lack of nutritional risk (This implies that a Consent/Release Form has been completed and blood work has been completed as well as a Diet Recall.”
- Current participation in CSFP (Food Plus).

If the reason for ineligibility is in the “other” category on the form, the specific reason must be noted next to the check mark in the “other” box.

---

##### **Information about reapplication**

Applicants will be informed as to how to reapply if conditions change or if they obtain the necessary documentation.

---

##### **Right to fair hearing**

Applicants who are denied WIC services must be notified of their right to appeal. Local agencies should try to resolve the applicant’s issues first, but the applicant must be given, in writing, the address of the State agency.

---

*Continued on next page*

## Chapter Four

### Certification

---

---

#### Referrals

Applicants will be given written information regarding other food assistance programs for which they may be eligible.

---

#### Timeline

For those participants who become ineligible to continue participation in the Arizona WIC program, the following will occur:

Local agencies will notify participants at least fifteen (15) calendar days prior to the effective date of their ineligibility.

Local agencies will notify participants at least Fifteen (15) calendar days before the expiration of each certification period that their WIC certification is soon to expire. The participant will be referred to CSFP if appropriate.

A person who is about to be suspended or disqualified from program participation at any time during a certification period will be advised in writing not less than fifteen (15) calendar days before the suspension or disqualification.

---

*Continued on next page*

## **Chapter Four**

### **Certification**

---

#### **Section K**

#### **Certification Standards and Procedures – Waiting Lists**

---

##### **Policy**

When the number of participants receiving food instruments each month exceeds the Local Agency's assigned caseload, a waiting list should be initiated. The lowest priority is closed first, the second lowest priority is closed next and so on. Applicants are put on a waiting list until the priority is reopened. When a closed priority is opened, applicants are enrolled in a chronological order on the basis of the date of initial contact.

The Local Agency shall work with the State agency to implement these procedures and calculate the numbers.

---

## Chapter Four

### Certification

---

#### Section K1

#### Waiting Lists: Determination of Priority Closing

---

##### **Managing Caseload**

When the actual caseload numbers begin to exceed the assigned caseload numbers, priorities will have to be closed. The local agency will plan how many priorities need to be closed with technical assistance from the State agency.

After planning how many priorities should be closed the Local Agency shall notify the State agency by e-mail or fax and obtain written consent from the NAPS Manager before closing any priorities. This will allow additional review by the State agency of caseload numbers and the impact from adjustments to insure that the least amount of disruption to customer service occurs.

---

##### **Predicting Caseload**

In order to determine the priorities, which must be closed, use the Participation by Race and Ethnicity, Participant Status and the Termination reports. These reports will also assist in monitoring the caseload as the actual caseload numbers begin to adjust. Monitoring needs to occur monthly.

An example of how to monitor monthly caseload is shown in Appendix C.

---

##### **Participation by Race and Ethnicity**

The Actual Participation report lists participation by priority at the bottom of the page. The average percent by which the initial numbers drop to the closeout figures may be calculated and used monthly to adjust the initial numbers to greater accuracy. By looking at the number of participants in each priority, a determination can be made regarding how many and which priorities must be served or closed in order to reduce caseload to the assigned numbers.

---

*Continued on next page*

## Chapter Four

### Certification

---

---

<b>Participant Status</b>	This report shows the number of certifications new to the program (TT1's) and in-state and out-of-state transfers (TT5's and TT6's) which occurred in the previous month. It can be used to protect the approximate number of new applicants who may be added to the program in the coming months.
<b>Termination Report</b>	The number enrolled in each priority (whether open or closed) who are due for a new certification or termination for each of the next four (4) months can be determined here. Use this to determine how quickly the caseload will drop due to the closed priorities. This can also be used to determine how many openings will be available monthly in the open priorities.
<b>Priorities</b>	Priorities are closed from the lowest to highest priority or subpriority; e.g., priority 7 would be closed first followed by priority 6, etc. When opening priorities, the highest priority will be opened first; e.g.; priority 5 would be opened before priority 6.

---

*Continued on next page*

## Chapter Four

### Certification

---

#### Section K2

#### Waiting Lists: Processing of Applicants

---

##### 10/20 Day Rule

Applicants categorically eligible for open priorities are still screened within 10 (pregnant, infants under 6 months, or migrant) or 20 days (all others) from the time they appear at the clinic requesting services. Notification of the placement on a waiting list must be given within twenty (20) days.

---

##### Waiting List

Information which shall be collected for each applicant on the waiting list according to Federal Regulations includes:

- Name
- Address
- Telephone Number (if applicable)
- Status (e.g.; pregnant, breastfeeding, age of applicant)
- Date placed on waiting list

All of the above information as well as spaces for the priority and the applicant's age are on the "Arizona WIC Program Waiting List Notification." After it is completed, one needs to be given to the applicant and one needs to be placed in the waiting list file.

Optional information may include information which will assist in determining the approximate date on which the person may become categorically ineligible such as date of birth, actual delivery date or estimated delivery date.

---

#### Section K3

#### Waiting Lists: Program Considerations

---

##### Pre-Screening

The amount of screening which may be done prior to placement of an applicant on the waiting list should be determined by the category of the applicant in relation to the open priorities, the Local agency resources, etc.

Local agencies who have closed priorities which are not likely to be served do not have to maintain waiting lists except in the case of a person who understands that the likelihood of that priority being opened is low and still requests placement on the waiting list. The Local Agency shall explain to each applicant who may qualify for a closed priority what the likelihood is that the priority will be opened.

Examples:

- The State Agency strongly recommends that the local agency perform income screening prior to placement on the waiting list.
- If an agency has closed all priorities up to and including priority 3, there would be no need to screen a postpartum woman or a child because all the priorities for which they could be eligible are closed.
- If an applicant is categorically eligible for any open priority or subpriority, the person shall be screened. If the person is found to be eligible, they shall be enrolled in that open priority.

---

*Continued on next page*



## Chapter Four

### Certification

---

#### Files

---

The State agency suggests the following system. If a local agency wants to adopt a different system, it should be one that meets the same standards of easy retrievability of all records and guaranteeing that applicants and participants are served fairly throughout the agency.

A separate filing system shall be set up for the waiting list. A separate section for each priority which is closed should be a file. A copy of the "Arizona WIC/CSF Programs Waiting List Notification" shall be placed in the file in chronological order with the form with earliest date of placement on the waiting list first.

If the screening process has begun, any paperwork completed thus far (e.g., Consent/Release Form) shall be firmly attached to the copy and placed in the appropriate priority.

When that specific priority is reopened, the applicant with the earliest date of placement on the waiting list is the first to be notified, the second earliest date is notified, and so on.

These files should be accessible and clearly labeled for management and audit purposes.

---

*Continued on next page*

## Chapter Four

### Certification

---

---

#### **Notification/Recall from Waiting List**

Notification must be completed by telephone or mail.  
Documentation shall include the date notified and the form of contact (i.e.; letter or phone).

If notification is mailed, the postcard or letter will state either:

- An actual appointment date to be screened with a notice to contact the office if they do not want to or are unable to keep the appointment, or
- A date by which the person must contact the office to make an appointment.

The notification form shall contain a statement that the person shall be moved to the bottom of the waiting list if they do not respond to the notification.

---

#### **Date of Ineligibility**

The date of perceived ineligibility may be written on the “Arizona WIC/CSF Programs Waiting List Notification” to aid in file management. For example, if a child will reach his fifth birthday soon, the file could be terminated on the birth date if the priority remained closed.

---

#### **False Expectation**

The WIC staff person should always explain why placement on the waiting list is necessary, and what it means in terms of realistic possibilities of receiving benefits.

The Local Agency Director should provide training and scripts for clerks and/or CNW’s to help them perform this task comfortably. For a sample, see Appendix E.

---

#### **Referrals to Other Programs**

Applicants who are placed on a waiting list should be referred to other appropriate programs; e.g., food assistance programs such as CSFP or Food Plus (where available), Head Start, etc.

---

*Continued on next page*

## Chapter Four

### Certification

---

---

#### **Breastfeeding Women Who Quit Breastfeeding**

Women who are categorically eligible for the WIC Program due to breastfeeding then quit breastfeeding can no longer be considered as a participant in a breastfeeding priority and cannot continue to receive benefits as such.

If her baby is less than six (6) months, the woman must be screened to ascertain if she is eligible for an open priority as a postpartum woman if a postpartum risk had not been previously identified for her. If she qualifies for an open priority, she may be enrolled in that priority. If priorities serving postpartum women are closed, the woman may be placed on the waiting list if she requests to do so.

If the baby is older than six (6) months, the woman is no longer categorically eligible for the WIC Program and must be terminated.

If an infant is on the program with 702 as his only identified risk, the infant will need to be reassessed for certification and issued a new food package, if appropriate.

---

#### **Transfers (After Cert)**

At the end of their current certification period, the person would be reassessed and one or more of the following appropriate actions would be taken:

- placed on the program if they qualify for an open priority
  - placed on the waiting list if they qualify for a closed priority if the person requests placement
  - graduated
  - terminated if found ineligible
  - referred to other appropriate programs
- 

*Continued on next page*

## Chapter Four

### Certification

---

---

#### **Dual Participation**

A person may be on the waiting list for CSFP and WIC at the same time. A person may receive benefits from one program while being on the waiting list for the other program. A participant's ID number will be the same for both programs.

---

#### **Notification of Referral Agencies**

Agencies who refer applicants to the WIC Program shall be kept informed of any actions taken by the local agency to adjust caseload. This may include identifying categories of applicants still being served and should include encouragement to those agencies to keep making the referrals to the WIC Program. Referring agencies should be aware that even when some people are not being served, others may be eligible to receive benefits immediately. See sample letter in Appendix D.

---

## Chapter Four

### Certification

---

#### Section L

#### Certification Standards and Procedures – Transfer of Certification

---

##### **ID Folder/ Transfer Card**

At certification, each WIC participant is given a completed Arizona WIC Program identification (ID) folder/transfer card stamped with an Arizona WIC Program seal. The participant can use this document to transfer between local agencies within Arizona or to other State WIC programs.

Local agencies receiving transfers will accept as verification of certification the Arizona WIC Program identification folder/transfer card or verification of certification (VOC) documents from other states. A document containing the following information is to be considered a valid VOC:

- Name of participant;
- Beginning date of certification;
- Ending date of certification;
- Date of income determination;
- Participant's nutritional risk;
- Dater certification expires;
- Signature and printed/typed name of the certifying local agency official;
- The name and address of the certifying local agency;
- An identification number or other means of accountability;
- Identification of migrancy.

---

*Continued on next page*

## Chapter Four

### Certification

---

---

#### **Incomplete Verification of Certification**

A partially complete VOC will be considered proof of WIC eligibility if it contains the following information:

- Name of participant;
  - Date of certification;
  - Date the certification period expires;
  - Name and address of the certifying local agency.
- 

#### **Retention of VOC**

Local agencies will retain the VOC from the transferring agency in the daily or central file.

---

#### **Transfer When a Waiting List Exists**

An individual transferring into a local agency will be allowed to participate (unless there is a waiting list for all priorities) until the designated end of her/his current certification period.

Local agencies that have waiting lists will

- Place transferring participants at the top of the list and enroll them before any other person; or
  - Enroll transfer participants immediately if some priorities are being served.
- 

#### **Special Conditions for Infants**

Infants transferring to the Arizona WIC Program from State agencies with shorter certification periods will have their certification extended to their first birthday when the nutritional risk criteria on the VOC match the Arizona criteria for Priorities I and II. If no nutritional risks are indicated on the VOC, the certification period given on the VOC will be used.

---

*Continued on next page*

## Chapter Four

### Certification

---

#### Transfers (Valid Cert)

Transfers who contact a Local Agency requesting services and who are currently in a valid certification period shall be placed on the program immediately or at the top of the waiting list if the program is not enrolling new applicants. The transfer is placed on the waiting list ahead of all waiting applicants regardless of the priority under which he/she was initially certified. The transferring participant must then be enrolled before any other person.

Documentation of valid certification shall be a verification of certification (VOC) card which includes:

- The name of the participant
- The date the certification was performed
- The date the income eligibility was last determined
- The nutritional risk condition of the participant
- The date the certification period expires
- The signature and printed or typed name of the certifying Local Agency official
- The name and address of the certifying Local Agency
- An identification number or some other means of accountability

Note: However, participants who arrive in a new service delivery area and show an incomplete VOC card which contains a minimum of the name, certification date, and expiration date should be treated just as if the VOC card contained all the information. The local agency would have to call the original agency to verify if food instruments had been issued within the last thirty days.

---

*Continued on next page*

## Chapter Four

### Certification

---

---

#### **In-State Transfers**

For transfers within the Arizona WIC Program:

The local agency to which the participant is transferring to will:

- If a transferring person does not present with a valid VOC, active status can be verified using the AIM system. Lost documents should be noted in the notes section of the Family Info screen of the AIM system.
- Complete the In-State Transfer screen of the AIM system;
- Retain the Arizona WIC Program ID Folder and Transfer Card which is the verification of certification (VOC) in the daily or central file and issue a new one from the current agency.

A transfer from either the Navajo Nation or ITCA WIC Program is considered out-of-state transfer.

---

#### **Out-of-State Transfers**

For out-of-state transfers within a valid certification, complete the Out of State Transfer screen of the AIM system and retain the VOC in the daily or central file. For out-of-state transfers outside a current certification, complete as a new certification.

---

*Continued on next page*



## Chapter Four

### Certification

---

---

#### **Transfers in of Migrants and Native Americans**

Local agencies will make every effort to ensure the continuation of benefits to migrants, their families, and to Native Americans.

Local agency transfer of certification procedures will be developed and documented in the local agency policy and procedure manual to indicate:

- How transferring migrants, their families, and Native Americans will be identified; and
- The procedures which will be used to transfer their certification expeditiously.

Note: In the event that a local agency has a waiting list, transferring migrants, their families and Native Americans will be given priority for services.

---

## Chapter Four

### Certification

---

#### Section M

#### Certification Standards and Procedures – Caseload Reductions Due to Funding Shortages

---

##### Use of Waiting Lists

Waiting lists are initiated when participation equals assigned caseload. However, unforeseen increases in food costs (among other factors) could cause a funding shortfall for the established caseload. At that point, the State agency will notify local agencies of the need to remove a certain number of participants from the program.

Should funding shortages become so acute as to necessitate removing participants from the program in the middle of their certification periods, participants will be given a half food package and fifteen (15) calendar days written notice that they are being taken off the program. This written notice will also include the categories of participants whose benefits are being suspended or terminated due to such funding shortages. Local agencies may not remove participants from the program in the middle of their certification periods unless directed to do so by the State Agency.

Participants will be removed from the program in reverse priority order. That is those in the lowest priorities will be taken off first and placed on a waiting list following established procedures.

At the point where funding is available to serve additional participants, the persons on the waiting list will be recalled in priority order.

---

## **Chapter Four**

### **Certification**

---

## **Appendix A: Forms**

---

## Instructions for completing the “New” WIC ID Folder and Transfer Card

### **Page one (cover page)**

- 1) Stamp Program Seal in the box provided.
- 2) Write in Local agency and Clinic number
- 3) Stamp your address in the space provided

### **Page two**

Write the name(s) of qualified participant(s) and the assigned ID number(s) in the appropriate boxes.

### **Open up the entire folder, including the fold down flap**

**For each participant’s name that you wrote on page two and the exact numerical order, you will:**

- 1) Fill in the certification dates (from and to)
- 2) Fill in the date that you verified the participant/authorized representative’s income.
- 3) List all the applicable nutrition risk codes.
- 4) Is this person a migrant? (circle yes or no)
- 5) Print your full name
- 6) Sign your full name

**Close fold down flap and read:**

**Page three:** “Your responsibilities”

**Page four:** “Your rights”

**Page five (close right flap):** “Instructions for Using WIC Drafts”

**Page six (back cover):** “What Will Happen at the Store”

Go back to the cover page (page one) and the person(s) who will pick up the WIC drafts and shop for the foods (**participant/authorized representative**), sign their fill name(s) in the space/spaces provided. If there is only one person what will be signing, you must write the word “VOID” in **RED** ink in space #2. **(If an additional authorized representative needs to be added at a later date, you must void the original Arizona WIC Program ID Folder and Transfer Card and create a new one).**

Write the participant/authorized representative’s next appointment (**date and time**) in the appointment box. When the participant/authorized representative return to the office and more appointments are recorded, always remember to cross out the previously recorded appointment.

When a participant no longer qualifies for the WIC program and there are other members of the family that are still qualified, you must write the word “TERMED” in **RED** ink across their name and ID Number on Page two. Also, do this across the

**entire** box that contains that participant's certification information within the fold down flap.

## What Will Happen at the Store

**Cashiers will:**

- ❖ Check the dates on the food instruments. The food instruments **will not** be accepted before or after the valid dates.
- ❖ Make sure you buy only the WIC foods in the amounts shown on the food instrument.
- ❖ Make sure the signature on your ID folder (or Proxy Form) matches the signature on the food instrument.
- ❖ Write in the date and dollar amount on the food instrument.
- ❖ Correct an incorrect dollar amount, if there is a mistake by:
  - Drawing one line through the incorrect amount.
  - Write the correct amount in the \$ Correction box.
  - Write their initials in the Cashier Initial box.

**Cashiers will not accept a food instrument when:**

- ❖ the food instrument looks like it has been changed;
- ❖ you do not have your ID folder or Proxy Certification Form with you;
- ❖ the food instrument is signed before you go to the store;
- ❖ the signature on the food instrument does not match the signature on the ID folder or Proxy Form.

## YOUR RESPONSIBILITIES

1. Do not make changes to this ID Folder of the Food Instruments.
2. Do not allow someone else other than a WIC certified proxy to use your food instruments or ID Folder.
3. Report all lost or stolen food instruments to your WIC Office, immediately.
4. Be on time for your WIC appointment. If you cannot keep an appointment, call your local WIC office **before** your scheduled appointment.
5. Attend schedule nutrition education.
6. You may only enroll in one (1) WIC or one (1) Commodity Supplemental Food Program (CSFP or Food Plus) at any given time. You cannot get WIC food instruments and receive a CSFP food box during the same month for the same person.

## Suspensions

If the WIC program rules are not followed, you may be suspended. In most cases you will first receive a verbal warning, then a written warning before you are suspended. If you do not understand the WIC program rules, call your WIC office or the WIC hotline at 1-800-2525-WIC.

## Instructions for Using WIC Food Instruments

1. Shop only at Arizona WIC approved stores. Your WIC Office will give you a list of stores near your home or you may look for the “We Accept Arizona WIC Food Instruments” decal posted at the store.
2. Use your food instruments only from the “*first date to use*” through the “*last date to use*” shown on the food instrument. \*Remember, the “last date to use” can be different than your next appointment.
3. Buy only the foods and amounts shown on the food instrument.
  - ❖ You cannot accept rain checks. If the store does not have all the food you need, check with the store manager or go to another store to shop. Report this problem to your WIC office or complete the “Participant Complaint Reporting Card”.
  - ❖ At the check out lane, group the WIC foods as listed on the food instrument. Make sure you keep each food instrument purchase separate. **Do not** include other purchases with your food instruments.
  - ❖ Help the WIC program by using coupons and buying in larger sizes.

**Note: You cannot use coupons when buying infant formula.**

4. Show your WIC ID Folder (or Proxy Form) and the food instrument to the cashier before your items are rung up.
5. Remember, at the store, sign in the white area of the food instrument. The same person that signed the WIC ID folder (or Proxy Form) must sign the food instrument in front of the cashier at the store. The two (2) signatures should match.
6. Make sure the cash register receipt is correct and does not include tax and is not more than the \$200 food instrument limit. The receipt should list only the food purchased with one (1) food instrument. Only purchase WIC approved foods.
7. Be courteous to the cashier. If you have any questions or if you have any problems cashing your food instruments (contact your WIC office or complete the "Participant Complaint Reporting Card" or call 1-800-2525-WIC (Monday - Friday 8:00 AM - 5:00 PM))

WIC is available to all without regard to race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten building, 14th and Independence Avenue, SW, Washington, D.D. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

# Arizona WIC Program ID Folder/Transfer Card



# Helping Arizona Families Grow Strong

[illegible]

## Signature of Authorized Representative

- |    |
|----|
| 1. |
| 2. |

Not valid without the Local Agency WIC office address stamp:

If this ID Folder/Transfer card is found  
please return to the address above



## CERTIFICATION INFORMATION

FAMILY ID NUMBER:		Name of Participant	ID Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			

WIC Staff Name and Signature:

1. If you cannot pick up your food instruments, you may send a relative or friend who is 18 years old or older to the WIC Office as a proxy. The proxy should bring this ID folder and a note from you giving him or her permission to pick up your WIC food instruments. If you have questions, call your WIC Office.
2. If you do not pick up your WIC food instruments for two (2) months in a row, you will be dropped from the Arizona WIC Program.
3. If you are given a verbal or written warning, suspended, disqualified or determined ineligible for the WIC program, you have the right to ask for a review and reevaluation of the action taken.
4. You may file a written request for a formal hearing (fair hearing) within sixty (60) calendar days of the date you were notified of the action taken. Your WIC office will help you request a meeting or hearing.
4. If you do not understand your rights or responsibilities you have the right to ask your WIC staff to explain them to you.
- If you have other questions, ask to speak with a supervisor or call the State WIC Office at 1-800-2526-WIC. This is a free call from anywhere in Arizona.

## Your Rights



## Que Sucederá En La Tienda

### El Cjaero / la cajera:

- ❖ Verificarán las fechas en los instrumentos de comida. Los Instrumentos de comida **no serán** aceptados antes o después de las fechas validas.
- ❖ Aseguraran que usted compre solamente los alimentos de WIC en las cantidades que son indicadas en los instrumentos de comida.
- ❖ Escribirán la fecha y la cantidad en los instrumentos de comida.
- ❖ Aseguraran que la firma en su folleto (o carta de poder) es igual que la firma en el instrumento de comida.
- ❖ Si hacen un error, deben de corregir el total:
  - Marque una sola línea a través de la cantidad equivocada.
  - Escriban la cantidad correcta en la caja de correccion.
  - Escriban sus iniciales en la caja que dice “Cashier Initial Box”

**El Cajero / la Cajera no aceptaran los instrumentos de comida:**

- ❖ Si el instrumento de comida ha sido alterado;
- ❖ Si no tiene su Folleto De Identificación o carta De Poder con usted;
- ❖ Si el instrumento de comida es firmado antes de llegar a la tienda;
- ❖ Si las firmas no son iguales en el folleto de WIC o en la Carta de Poder.

**SUS RESPONSABILIDADES:**

1. No haga cambios en su Folleto o en los Instrumentos de comida.
2. No permita que otra persona sin Carta De Poder use sus instrumentos de comida o su Folleto de Identificación.
3. Inmediatamente reporte a su oficina de WIC todos los instrumentos de comida que estén perdidos o que sean robados.
4. Llegue a tiempo a su cita, si no puede cumplir con su cita llame **antes** de la cita a su Oficina de WIC.
5. Asista a sus sesiones de educación.
6. Puede participar solamente en un programa, sea el programa de WIC o el programa de la caja de Comida (CSFP o el Programa FOOD Plus). No puede participar en el programa WIC y recibir una caja de comida para la misma persona en el mismo mes.

## Suspensiones

Si usted no sigue las reglas del Programa WIC, usted puede ser suspendida/o. En cualquier caso se le dará una advertencia verbal, y una por escrito antes de ser suspendida/o. Si usted no comprende las Reglas del Programa WIC, llame a su oficina de WIC o al Estado de Arizona WIC al 1-800-2525-WIC.

## Instructiones Para Usar Sus Instrumentos de Comida de WIC:

1. Compre solamente en tiendas aprobadas por WIC en Arizona. Su oficina le dará a usted una lista de las tiendas que anuncian por medio de una carcomonia que diga “Nosotros Aceptamos Sus Arizona WIC Instrumentos de Comida.”
2. Use sus instrumentos de comida solamente durante las fechas indicadas (fecha de uso y fecha valida). Recuerde que la fecha de uso y el día de su cita puedenser diferente.
3. Compre solamente los alimentos y las cantidades que se indican en sus instrumentos de comida.
  - ❖ Use su lista de alimentos del Programa de WIC de Arizona y compre los alimentos y cantidades correctas. Usted puede comprar menos pero **nunca mas** de la cantidad en los Instrumentos de comida (Menos con formula para bebes).  
**Nota: Toda formula de bebe de ser comprada.**
  - ❖ Si la tienda no tiene los alimentos que usted necesita, usted no puede aceptar un “Recibo de promesa.” Verifique con el gerente de la tienda o vaya a otra tienda a compra sus alimentos. Reporte el problema a su Oficina de WIC o llene “La Tarjeta De Queja Para Clientes del Programa WIC.”
  - ❖ Al pagar separe los alimentos de WIC según cada instrumento de comida. No incluya otras compras con su cheque.
  - ❖ Ayude al programa de WIC usando cupones y comprando en tamaños grandes.  
**Nota: no puede usar cupones cuando compre formula de bebes**
4. Muestre su Folleto de identificación de WIC o su Carta de Poder y su instrumento de comida al cajero / la cajera antes de que sus alimentos sean cobrados.
5. Recuerde que en la tienda hay que firmar en la área blanca de su instrumento de comida. La **misma** persona que firmo el folleto de WIC debe firmar el instrumento de comida enfrente del cajero o la cajera en la tienda. Loas dos firmas deben de ser iguales.
6. Asegúrese que el recibo este correcto y no incluye impuestos y que la cantidad no sea mas de \$200.00, este es el limite. El recibo debe incluir solamente los alimentos que usted compro con solamente un instrumento de comida. Usted debe tener un recibo para cada instrumento de comida que ha cambiando. Debe de mostrar que **solamente** compro alimentos aprobados por WIC.
7. Sea cortés con el cajero o la cajera. Si tiene preguntas o tiene problemas cambiando sus Instrumentos de comida, llame a su oficina de WIC o llene “la Tarjeta De Queja Para Clientes Del Programa de WIC” o llame al **1-800-2525-WIC** (lunes a viernes - 8:00AM - 5:00 PM)

WIC es disponible a todos sin tomar a consideración su raza, color, origen nacional, genero, edad o otros impedimentos.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

# Programa de WIC de Arizona

## Folleto de Identificación/Transferencia



## Helping Arizona Families Grow Strong

[illegible]

## Firma del representante(s) autorizado

- 1.
- 2.

Inválidos sin el sello del domicilio de su agnecia local.

Si encuentra este folleto de Identificación y Transferencia  
Por Favor regréselo al domicilio escrito arriba.



## INFORMACION DE CERTIFICACION

NUMERO DE IDENTIFICACION DE LA FAMILIA:		Nombre del participante	Numero de identificación
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Nombre y firma del personal de WIC:

1. Si no puede recoger sus cheques, puede mandar a un familiar o un amigo(a) que tenga mas de 18 años, a la oficina de WIC como su apoderado. El apoderado tiene que traer una nota de usted dándole permís para recoger sus instrumentos de comida. Si tiene preguntas llame a la oficina de WIC.
2. Si usted no recoge sus cheques de WIC en dos (2) meses seguidos usted podría ser suspendido del programa de WIC de Arizona.
3. Si le han dado o le dieron una advertencia verbal o por escrito o si usted fue suspendido/a, descalificando/a (o) o determinando a ineligible para el programa de WIC, usted tiene el derecho de pedir o preguntar por un **examen o analisis de re-evaluación** por la accion recibida o tomada.
- O
- Usted puede solicitar por escrito para una **audiencia informal (para mostrar causa)** con el personal administrativo de su oficina de WIC dentro de los 10 dias de la fecha que usted fue notificada(o) de la accion tomada.
- Usted puede solicitar por escrito para solicitar una **audiencia formal (audiencia justa)** dentro de los 60 calenadar dias de la fecha en que usted fue notificada(o) de la accion tomada. Su oficina de WIC le ayudara a solicitar una audiencia.
4. Si usted no entiende sus derechos o responsabilidades usted tiene el derecho de pedir a los empleados de la oficina para que se las expliquen a usted.
- Si usted tiene preguntas puede hablar con el Supervisor(a), o llame a la oficina del Estado al numero **1-800-2525-WIC**. Esta es una llamada gratis en cualquier parte del estado.

## SUS DERECHOS:

**INSTRUMENTOS DE COMIDA PARA EL TERCER MES**

**INSTRUMENTOS DE COMIDA PARA EL SEGUNDO MES**

**INSTRUMENTOS DE COMIDA PARA EL PRIMER MES**

# ARIZONA WIC PROGRAM WAITING LIST NOTIFICATION

Print Applicant's Name Last, First

Mailing Address

City State Zip Code

Telephone Number with Area Code

Home " Message "

**This section for clinic use only.**

0 1 2 3 4 5 6 7  
(Circle Potential / Actual Priority)

(Date Placed on Waiting List)

Pregnant Breastfeeding Postpartum Infant Child

(Circle Potential / Actual Category)

Complete with: Infant / Child = Date of Birth

**Or**

Pregnant = Estimated Date of Delivery

**Or**

Postpartum / Breastfeeding = Date Pregnancy Ended  
Referral to health and/or food/public assistance program:  
"yes "no

It has been determined that you may meet the criteria to participate in the Arizona WIC Program. Unfortunately at this time funding is not available to provide services to all the applicants who may qualify. You are being placed on a waiting list and will be notified when it is possible for you to apply for program benefits.

If you wish to appeal this decision, you must request a fair hearing or an informal meeting (show cause) within 60 calendar days from the date on this form. Local agency staff may assist you in making your request in writing.

A request for a fair hearing is addressed to the **Director, Arizona Department of Health Services, 2927 North 35<sup>th</sup> Avenue, Phoenix, AZ 85017.**

A request for a show cause meeting is addressed to the local agency program director.

If you choose, you may be represented by a relative, friend, legal counsel or other spokesperson. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

WIC is an equal opportunity program. Persons who believe they have been discriminated against because of race, color, national origin, sex, age or disability should write to the **Secretary of Agriculture, United States Department of Agriculture, Washington, D.C. 20250.**

Participant Signature Date

Signature and Title of Clinic Staff Date



## Programa de WIC en Arizona

### Aviso de Lista de Espera

nombre de solicitante apellido primero \_\_\_\_\_

domicilio de correo \_\_\_\_\_

ciudad \_\_\_\_\_ estado \_\_\_\_\_ código postal \_\_\_\_\_

número telefónico con área \_\_\_\_\_

" casa \_\_\_\_\_

" mensajes \_\_\_\_\_

Se ha determinado que usted llena los requisitos para poder participar en el Programa de WIC de Arizona. Infelizmente, no hay fondos disponibles en la actualidad para proveer beneficios a todos los solicitantes quienes califican. Su nombre se coloca en la lista de espera y se le notificará cuando le es posible solicitar los beneficios del programa.

Si usted desea apelar esta decisión, debe solicitar una *audiencia* o una *junta para mostrar causa* dentro de sesenta (60) días desde la fecha indicado en este formulaio. El personal de la agencia local puede ayudarle hacer la solicitud por escrito.

La solicitud para una *audiencia* se presenta al:

Director, Arizona Department of Health Services  
2927 North 35<sup>th</sup> Avenue  
Phoenix, AZ. 85017

La solicitud para una *junta para mostrar causa* se presenta al director del programa de la agencia local.

Usted tiene el derecho de representarse o ser representado por un pariente, un amigo, un asesor legal u otro portavoz. Aunque usted tiene el derecho de ser representado por un asesor legal, debe reconocer que usted sufraga el gasto. No se le proveerá asistencia legal ni abogado.

WIC es un programa que ofrece oportunidad igual a todos. Para presentar una queja de discriminación sobre la base de raza, color, origen nacional, género, religión, edad, o impedimentos sírvase escribir a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, DC 20250-9410

Firma del solicitante \_\_\_\_\_

fecha \_\_\_\_\_

Firma y título del personal \_\_\_\_\_

fecha \_\_\_\_\_

#### This section for clinic use only.

0    1    2    3    4    5    6    7  
(Circle Potential / Actual Priority)

(Date Placed on Waiting List)

Pregnant    Breastfeeding    Postpartum    Infant    Child

(Circle Potential / Actual Category)

Complete with: \_\_\_\_\_ Infant / Child = Date of Birth

**Or**

Pregnant = Estimated Date of Delivery

**Or**

Postpartum / Breastfeeding = Date Pregnancy Ended

Referral to health and/or food/public assistance program:

"yes

"no

**ARIZONA WIC/CSF PROGRAMS  
NOTIFICATION OF INELIGIBILITY**

Applicant's Name: \_\_\_\_\_

You have been found ineligible to participate in the WIC = **or** CSF = (check only one) Program for the following reason(s):

**WIC**

**CSFP**

- |             |             |
|-------------|-------------|
| •<br>•<br>• | •<br>•<br>• |
|-------------|-------------|

---

**Health and/or Public Assistance Program referral made:**    **yes =**    **no =**

---

If any of the above change, you may reapply for services.

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within sixty (60) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

**To request a show cause meeting**, submit the request to:

Local Agency WIC Director  
Administrative Office of the Local WIC Agency where you receive benefits  
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have sixty(60) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

**To request a fair hearing**, submit your request to:

Arizona Department of Health Services  
Office of the Director  
2927 North 35<sup>th</sup> Avenue  
Phoenix, AZ 85017

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE**. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

**To request for an informal settlement conference**, submit the request in writing to:

Arizona Department of Health Services  
Office of Nutrition Services - Room 203  
WIC Director  
2927 North 35<sup>th</sup> Avenue  
Phoenix, AZ 85017

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

**The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).**

**To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C., 20250-9410 or call (202)-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.**

**For participants in a valid certification period only:**

Participants are advised in writing 15 calendar days prior to the end of program benefits. Your WIC Program benefits will end on \_\_\_\_\_

---

Applicant/caretaker signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PROGRAMAS DE WIC/CSF DE ARIZONA AVISO DE INELEGIBILIDAD

Nombre del Solciant: \_\_\_\_\_

La(s) Razon(es) que usted no es elegible para participacion en el Programa de WIC= o CSF=

(marque solo uno) debido a las sigulentes razones:

### WIC

- = No es elegible en esta categoria
- = Su sueldo excede las normas
- = No se identifió un riesgo nutritivo
- = Usted esta participando actualmente en el Programa de CSFP
- = Otra razon

### CSFP

- = No es elegible en esta categoria
- = Su sueldo excede las normas
- = Usted esta participando actualmente en el Programa de CSFP
- = Otra razon

---

**Solicitante remitido (referida) a Programa de Salud (Health)  
o Asistencia Publica (Public Assistance):   =si   =no**

---

Si ocurre un cambio en las situaciones mencionadas arriba, es posible solicitar los servicios de nuevo.

Si usted desea apelar esta decision, se deber solicitar una audiencia o una reunion informal (para mostrar causa) dentro de 60 diasde la fencha formulario. El personal de la agencia local le puede asistir en su sollicitacion escrita.

Una sollicitacion para un audiencia se deber enviar al director de la agencia local.

Si usted desea, puede ser representado por un familiar, una amistad, un concilio legal u otro portavoz. A pesar de que usted tiene el derecho a un concilio legal, este servicio seria a su gasto. No se le proveer un abogado.

WIC es un programa de oportunidad igual. Si una persona piensa que sa ha discriminado en contra de l por razon raza, color, origen nacional, sexo, edad, o inhabilidad, deber escribir al **Secretary of Agriculture, United States Department of Agriculture, Washington, D.C. 20250.**

Firma del solicitante/guradian: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del Representante dela clinica: \_\_\_\_\_ Fecha: \_\_\_\_\_



## **Chapter Four Certification**

---

### **Appendix B: USDA Memo – FNS Instruction 803-6**

---

ACTION BY: Regional Directors  
Supplemental Food Programs

SOURCE CITATION: Section 246.7

WIC Program—Certification: Waiting Lists

Requirement

Program regulations provide local agencies with the authority to limit the number of applicants placed on a waiting list to those individuals who visit the local agency expressing interest in the receipt of program benefits and who are likely to be served. If, however, an individual who visits the local agency specifically requests to be placed on the waiting list, the local agency is mandated to do so.

The regulations also provide that, at its discretion, the State may establish a policy whereby local agencies are permitted or required to place persons on the waiting list in response to telephone requests for such placement. This option would only apply to those persons likely to be served or to those who specifically requested placement on the waiting list.

Function

The waiting list is meant to facilitate placement of the highest priority persons at the earliest opportunity when demand exceeds supply of caseload slots. If the State or local agency has a strong system of caseload management and knows that certain low priority applicants will never be served, it is unnecessary to place them on the waiting list. The State agency has the authority to set policy on who needs to be placed on a waiting list.

Implementation

Waiting list policies must reconcile the need for local agencies to effectively utilize their limited administrative resources with the need to facilitate access to the program, particularly for those highest risk individuals not being served. In the development of local and State agency policy on waiting lists, factors which may be considered include the relative stability of caseload and funding levels, and the participant attrition rate as it relates to the number of potential participants currently maintained on the waiting list. For example, a local agency which graduates and otherwise loses participants at the rate of about 40 per month might want to restrict its waiting list to approximately twice that number. A local agency which has not been able to serve applicants below Priority III for the past six months may find it unnecessary to carry postpartum women on its waiting list, unless it has elevated the priority status of high-risk postpartum women. Systems developed to establish who should be placed on the waiting list should be conservatively designed so as to minimize the possibility that a slot will become available which cannot be filled immediately from the list. If a State or local agency cannot adequately predict future caseload and priorities served, it may be appropriate to put all waiting persons on a waiting list.

DISTRIBUTION: 5, 9, 15	MANUAL MAINTENANCE INSTRUCTIONS: Remove FNS Instruction 803-6 from the Manual. Insert this Instruction.	RESPONSIBLE FOR PREPARATION AND MAINTENANCE: SFPD-100	Page 1 4-1-88
---------------------------	---	--	------------------

### False Expectations

Placement on waiting lists of only those persons who are likely to be served addresses the concern that waiting lists create false hopes for many. The WIC staff person should always explain why placement on a waiting list is necessary and what it means in terms of realistic possibilities of receiving benefits. Referral to other health or social service programs should be given as appropriate.

### Pre-certification

Another area of State discretion is whether to determine the eligibility of applicants prior to certification, i.e., whether to pre-certify. Pre-certification of all wait-listed persons may generate unnecessary administrative costs for local agencies. If however, a State agency elects to require pre-certification, it is not necessary to pre-certify everyone on the waiting list of a local agency. For example, given a large number of Priority I and II persons on the waiting list, it may not be necessary to pre-certify children. Furthermore, it is not administratively efficient to fully pre-certify every pregnant and breast-feeding woman and infant when caseload limitation will allow only a few to enter the program. For example, if only three Priority I pregnant women will be admitted and there are 100 pregnant women on the waiting list, it is not prudent to fully pre-certify all 100 women. It may be more practical to precertify only 10 or 20 and to select the three from among them, based on severity of risk. State agencies may wish to develop additional criteria for deciding who should be pre-certified: first come, first served; stage of pregnancy; and degree of need based on known or apparent income or nutritional conditions. State agencies also have the option of doing a partial pre-certification screening prior to placement on the waiting list. For example, the State agency may suggest that an income review be made prior to placement to assure financial eligibility of all persons on the waiting list. This is an inexpensive but effective screening that will facilitate full certification.

### Recordkeeping

A final issue is whether it is necessary to keep waiting lists for 3 years in line with recordkeeping requirements. This is not necessary because waiting lists do not constitute certification records as such, and are not bound by recordkeeping requirements. However, it is recommended that such lists be retained for a reasonable period of time, primarily to assure that persons waiting are served at the earliest opportunity, and for management review purposes.

### Summary

The primary purpose of waiting lists is to maintain a pool of interested applicants from which highest priority people can be selected to participate when caseload slots become available. An important function of the system is to direct benefits to those who are in greatest need at the earliest opportunity. However, the procedures for waiting lists and precertification should also be consonant with efficient and effective management practices and should not become futile exercises in paperwork. The issue of waiting lists is closely related to the overall issue of effective caseload management. State agencies are encouraged to establish procedures which direct benefits to highest priority participants in a workable, efficient manner.

DISTRIBUTION: 5, 9, 15	MANUAL MAINTENANCE INSTRUCTIONS: Remove FNS Instruction 803-6 from the Manual. Insert this Instruction.	RESPONSIBLE FOR PREPARATION AND MAINTENANCE: SFPD-100	Page 1 4-1-88
---------------------------	---	--	------------------

## **Chapter Four**

### **Certification**

---

#### **Appendix C: Flow Sheet for Monitoring Caseload**

---

WIC PARTICIPATION LOG  
FFY xxxx

AGENCY	CASELOAD ASSIGNED	AMEND	OCT 96 CLOSED	NOV 96 CLOSED	DEC 96 INITIAL	JAN 97 INITIAL	FEB 97	MAR 97	APR 97	MAY 97	JUN 97	JUL 97	AUG 97	SEP 97	PARTIC- IPATION	YTD ASSIGN	% SERVED
APACHE	600		534	539	569	618									2,260	2,400	94.2%
COCHISE	4,300	4,200	4,475	4,534	4,768	4,705									18,482	17,100	108.1%
COCONINO	3,500	3,400	3,374	3,383	3,818	3,692									14,267	13,900	102.6%
GILA	1,050		1,115	1,110	1,147										4,495	4,200	107.0%
GRAHAM	1,100	1,050	1,125	1,095	1,150	1,174									4,544	4,350	104.5%
GREENLEE	290		323	324	292	261									1,200	1,160	103.4%
MARICOPA	69,000	64,000	64,390	63,859	63,108	64,908									256,265	271,000	94.6%
MOHAVE	4,500	4,400	4,242	4,335	4,391	4,420									17,388	17,900	97.1%
NAVAHO	2,000	1,898	1,842	1,918	1,908	1,943									7,611	7,898	96.4%
PIMA	15,000	14,200	15,297	15,436	15,190	15,646									61,569	59,200	104.0%
PINAL	7,300	6,810	7,480	7,404	7,703	7,656									30,243	28,710	105.3%
YAVAPAI	3,200	3,000	3,240	3,254	3,403	3,478									13,375	12,600	106.2%
COCOPAH	215		208	210	234	229									881	860	102.4%
MARANA	936		1,009	1,044	1,062	1,098									4,213	3,744	112.5%
CLINICA	3,410	3,250	3,342	3,401	3,712	3,758									14,213	13,480	105.4%
EL RIO	1,200		1,331	1,259	1,356	1,419									5,365	4,800	111.8%
MARIPOSA	1,900		2,032	1,992	2,124	2,000									8,148	7,600	107.2%
V H C	6,700	6,302	6,900	6,842	7,131	6,997									27,870	26,402	105%
STATE CLOSE	126,201	118,701	122,267	121,267	121,944	123,029	125,149	0	0	0	0	0	0	0	0	492,389	497,304
99.0%			124,308	123,863													

↑  
A1

↑  
A2

Annual Amended total=  
1,446,912



Issuance Participation Month: SEP FFY: 2004

Local	00	Clinic	00	Agency Name: OFFICE OF CHRONIC DISEASE PREVENTION AND NUTRITION SERVICES										
Current Status	EN	PN	P	PG1	PG2	IFF	IEN	IPN	C1	C2	C3	C4	Total	PCT%
White Enrolled	1494	1718	3282	286	4827	8753	1627	2392	6943	5530	4704	4298	45854	0
Participating	1235	1369	2742	238	3863	7080	1324	1869	5529	4550	3833	3549	37181	23.82
Non Participating	259	349	540	48	964	1673	303	523	1414	980	871	749	8673	28.48
Black Enrolled	66	348	615	49	702	1730	92	501	1344	1063	933	851	8294	4.45
Participating	49	278	498	38	526	1391	73	389	1051	841	736	680	6550	4.20
Non Participating	17	70	117	11	176	339	19	112	293	222	197	171	1744	5.73
Hispanic Enrolled	1078	8047	7812	1260	12191	20201	1191	10578	19776	16740	14505	13385	126764	67.94
Participating	915	6881	6601	1081	10429	17265	981	8893	16863	14190	12427	11376	107902	69.11
Non Participating	163	1166	1211	179	1762	2936	210	1685	2913	2550	2078	2009	18862	61.94
Native Amer. Enrolled	66	165	234	30	309	638	85	229	571	439	387	375	3528	1.89
Participating	53	127	194	27	242	491	58	171	450	358	305	318	2794	1.79
Non Participating	13	38	40	3	67	147	27	58	121	81	82	57	734	2.41
Asian Enrolled	29	110	161	2	239	454	25	158	344	258	211	144	2135	1.14
Participating	24	84	138	1	192	350	20	131	278	189	172	115	1694	1.09
Non Participating	5	26	23	1	47	104	5	27	66	69	39	29	441	1.45
Total Enrolled	2733	10388	12104	1627	18268	31776	3020	13858	28978	24030	20740	19053	186575	0
Participating	2276	8739	10173	1385	15252	26577	2456	11453	24171	20128	17473	16038	156121	0
Non Participating	457	1649	1931	242	3016	5199	564	2405	4807	3902	3267	3015	30454	0
Total Migrant	21	0	140	9	166	451	23	173	444	375	253	247	2302	0
Total Refugee	6	0	23	0	37	66	7	31	82	79	85	86	502	0

## Participation by Priority

Priority 0	23	54	131	10	126	686	51	167	138	122	106	95	1709	1.09%
Priority 1	2245	8637	32	1373	13890	16877	2381	11203	1215	4	5	9	57871	37.07%
Priority 2	1	1	4	1	3	7318	11	55	7	7	1	2	7411	4.75%
Priority 3	0	12	4819	1	1	8	0	0	12704	9074	7379	6605	40603	26.01%
Priority 4	7	24	3	0	1232	1683	13	28	547	3	1	3	3544	2.27%
Priority 5	0	1	5	0	0	5	0	0	9560	10918	9981	9324	39794	25.49%
Priority 6	0	6	5171	0	0	0	0	0	0	0	0	0	5177	3.32%
Priority 7	0	4	8	0	0	0	0	0	0	0	0	0	12	0.01%
Total	2276	8739	10173	1385	15252	26577	2456	11453	24171	20128	17473	16038	156121	100%

	Women	%	Infants	%	Children	%	Total
Enrolled	45120	24.18%	48,654	26.08%	92801	49.74%	186575
Participating	37825	24.23%	40486	25.93%	77810	49.84%	156121
Non Participating	7295	23.95%	8168	26.82%	14991	49.23%	30454

C

WICSR.2.1

ID - AZW802

LOCAL AGENCY - ALL		CLINIC - ALL		INTERVIEWER NUMBER - ALL		LOCAL AGENCY NAME - ***		STATE TOTALS ***	
ACCEPTED NO ERRORS		ACCEPTED W/NON-CRIT-ERRORS		REJECTED		W/CRIT ERRORS		TOTAL	
	COUNT	PCT	COUNT	PCT	COUNT	PCT	COUNT	PCT	
1 – NEW CERTIFICATIONS C1	7379	77.1	1503	15.7	687	7.2	9569	23.6	
2 – RECERTIFICATIONS	13651	88.5	866	506	902	5.8	15419	38.1	
3 – ADD HISTORY/CHANGE PKG	5359	87.9	357	509	382	6.3	6098	15.1	
4 – UPDATES/CORRECTIONS	4878	95.3	201	3.9	39	0.8	5118	12.6	
5 – TRANSFERS (IN STATE) C2	1640	94.8	83	4.8	7	0.4	1730	4.3	
6 – ADDS (OUT OF STATE)	275	76.9	25	7.0	58	16.2	359	0.9	
8 – CORRECT DATE OF BIRTH	67	100.0	0	0.0	0	0.0	67	0.2	
7- REVERSE OF TERMS	188	92.6	11	5.4	4	2.0	203	0.5	
7 – TERMINATIONS									
TERM CODE A	227	81.9	31	11.2	19	6.9	277	0.7	
B	119	92.2	7	5.4	3	2.3	129	0.3	
C	49	92.5	4	7.5	0	0.0	53	0.1	
D	1	33.3	0	0.0	2	66.7	3	0.0	
E	64	82.1	7	9.0	7	9.0	78	0.2	
F	52	69.3	11	14.7	12	16.0	75	0.2	
G	0	0.0	0	0.0	0	0.0	0	0.0	
H	27	96.4	0	0.0	1	3.6	28	0.1	
I	195	95.1	6	2.9	4	2.0	205	0.5	
J	3	75.0	0	0.0	1	25.0	4	0.0	
K	2	100.0	0	0.0	0	0.0	2	0.0	
L	186	93.5	12	6.0	1	0.5	199	0.5	
M	10	100.0	0	0.0	0	0.0	10	0.0	
N	10	90.9	0	0.0	1	9.1	11	0.0	
O	0	0.0	0	0.0	14	100.0	14	0.0	
P	217	97.3	4	1.8	2	0.9	223	0.6	
Q	438	95.0	20	4.3	3	0.7	461	1.1	
S	5	100.0	0	0.0	0	0.0	5	0.0	
T	3	100.0	0	0.0	0	0.0	3	0.0	
U	1	50.0	1	50.0	0	0.0	2	0.0	
W	1	100.0	0	0.0	0	0.0	1	0.0	
X	151	95.0	6	3.8	2	1.3	159	0.4	
TOTAL	1761	90.5	109	5.6	76	3.9	1946	4.8	
TOTAL -	35199	86.9	3155	7.8	2151	53	40505	100.0	

LOCAL AGENCY - ALL      CLINIC - ALL      ISSUE SITE - ALL      ISSUE SITE - ALL      LOCAL AGENCY NAME -      \*\*\* STATE TOTALS\*\*\*

		WOMEN						INFANT		CHILDREN		M	UNK	TOTAL
		A	B	D	N	E	F	G	H	J	K			
SUMMARY FOR FEBRUARY	PRIORITY 1	337	819	0	0	144	832	459	1051	0	0	0	0	3642
	PRIORITY 2	0	0	0	0	8	128	240	881	0	0	0	0	1257
	PRIORITY 3	1	1	0	0	39	77	1	3	3225	2321	2208	0	7876
	PRIORITY 4	1	76	0	0	0	4	5	125	0	0	0	0	211
	PRIORITY 5	0	0	0	0	0	0	0	0	969	605	822	0	2396
	PRIORITY 7	0	0	0	0	0	21	0	0	36	42	77	0	176
	UNKNOWN	1	5	0	0	0	6	1	17	27	15	17	0	89
	TOTAL	340	901	0	0	191	1068	706	2077	4257	2983	3124	0	15647
SUMMARY FOR MARCH	PRIORITY 1	348	820	0	0	187	878	504	1094	0	0	0	0	3831
	PRIORITY 2	0	0	0	0	12	1183	325	932	0	0	0	0	1387
	PRIORITY 3	0	0	0	0	39	63	1	3	3266	2289	2442	0	8103
	PRIORITY 4	2	97	0	0	0	7	5	158	0	0	0	0	269
	PRIORITY 5	0	0	0	0	0	0	0	0	917	638	969	0	2524
	PRIORITY 7	0	1	0	0	1	29	0	0	47	43	70	0	191
	UNKNOWN	0	3	0	0	2	5	3	28	16	10	11	0	78
	TOTAL	342	921	0	0	241	1100	838	2215	4246	2980	3492	0	16383
SUMMARY FOR APRIL	PRIORITY 1	338	824	0	0	200	959	509	1077	0	0	0	0	3907
	PRIORITY 2	0	0	0	0	6	156	296	924	0	0	0	0	1382
	PRIORITY 3	0	0	0	0	36	65	0	1	3232	2293	2354	0	7981
	PRIORITY 4	2	94	0	0	1	8	4	145	0	0	0	0	254
	PRIORITY 5	0	0	0	0	0	0	0	2	1046	651	921	0	2620
	PRIORITY 7	0	0	0	0	0	22	0	0	38	48	75	0	183
	UNKNOWN	0	4	0	0	1	3	2	26	9	11	12	0	70
	TOTAL	342	922	0	0	244	1213	811	2175	4325	3003	3362	0	16397
SUMMARY FOR MAY	PRIORITY 1	517	1168	0	0	241	936	575	971	0	0	0	0	4408
	PRIORITY 2	0	0	0	0	11	189	355	1122	1	0	0	0	1678
	PRIORITY 3	1	0	0	0	15	30	0	2	2938	1971	2200	0	7157
	PRIORITY 4	4	107	0	0	0	9	3	112	0	0	0	0	235
	PRIORITY 5	0	0	0	0	0	0	0	0	999	589	891	0	2479
	PRIORITY 7	0	0	0	0	0	17	0	0	54	43	63	0	177
	UNKNOWN	2	3	0	0	0	4	5	18	5	6	5	0	48
	TOTAL	524	1278	0	0	267	1185	938	2225	3997	2609	3159	0	16182

D1

PARTICIPANT TERMINATIONS DUE SUMMARY

**E**

LOCAL AGENCY - ALL

CLINIC - ALL ISSUE SITE - ALL

ISSUE SITE - ALL

LOCAL AGENCY NAME -

\*\*\* STATE TOTALS\*\*\*

				WOMEN				INFANT		CHILDREN				TOTAL
		A	B	D	N	E	F	G	H	J	K	M	UNK	
SUMMARY FOR FEBRUARY	PRIORITY 1	147	410	0	0	42	335	0	0	0	0	0	0	934
	PRIORITY 2	0	1	0	0	1	49	0	0	0	0	0	0	51
	PRIORITY 3	1	2	459	697	0	0	0	0	0	0	567	0	1726
	PRIORITY 4	2	50	0	0	0	3	0	0	0	0	0	0	55
	PRIORITY 5	0	0	0	0	0	0	0	0	0	0	201	0	201
	PRIORITY 6	0	3	7	337	0	0	0	0	0	0	0	0	347
	PRIORITY 7	0	0	0	0	0	0	0	0	0	0	18	0	18
	UNKNOWN	0	1	2	10	0	0	0	0	0	0	3	0	16
TOTAL		150	467	468	1044	43	387	0	0	0	0	789	0	3348
SUMMARY FOR MARCH	PRIORITY 1	440	1181	1	0	55	293	0	0	0	0	0	0	1970
	PRIORITY 2	0	0	0	1	4	64	0	0	0	0	0	0	69
	PRIORITY 3	2	3	431	688	0	0	0	0	0	0	562	0	1686
	PRIORITY 4	3	110	0	0	0	5	0	0	0	0	0	0	118
	PRIORITY 5	0	0	0	0	0	0	0	0	0	0	275	0	275
	PRIORITY 6	0	8	13	337	0	0	0	0	0	0	0	0	358
	PRIORITY 7	0	0	0	0	0	1	0	0	0	0	26	0	27
	UNKNOWN	0	3	1	5	0	0	0	0	0	0	3	0	12
TOTAL		445	1305	446	1031	59	363	0	0	0	0	866	0	4515
SUMMARY FOR APRIL	PRIORITY 1	625	1556	1	1	51	319	0	0	0	0	0	0	2553
	PRIORITY 2	0	0	0	0	1	55	0	0	0	0	0	0	56
	PRIORITY 3	2	2	389	617	0	0	0	0	0	0	627	0	1637
	PRIORITY 4	1	144	0	0	0	1	0	0	0	0	0	0	146
	PRIORITY 5	0	0	0	0	0	0	0	0	0	0	265	0	265
	PRIORITY 6	0	2	4	318	0	0	0	0	0	0	5	0	329
	PRIORITY 7	0	0	0	0	0	0	0	0	0	0	12	0	12
	UNKNOWN	2	8	0	2	0	1	0	0	0	0	2	0	15
TOTAL		630	1712	394	938	52	376	0	0	0	0	911	0	5013
SUMMARY FOR MAY	PRIORITY 1	564	1339	1	0	58	378	0	0	0	0	0	0	2340
	PRIORITY 2	0	0	0	0	2	50	0	0	0	0	0	0	52
	PRIORITY 3	1	0	295	440	0	0	0	0	0	0	624	0	1360
	PRIORITY 4	3	138	0	0	0	3	0	0	0	0	0	0	144
	PRIORITY 5	0	0	0	0	0	0	0	0	0	0	276	0	276
	PRIORITY 6	0	1	4	212	0	0	0	0	0	0	0	0	217
	PRIORITY 7	0	0	0	0	0	0	0	0	0	0	18	0	18
	UNKNOWN	2	7	0	1	0	1	0	0	0	0	1	0	12
TOTAL		570	1485	300	653	60	432	0	0	0	0	919	0	4419

**E1**

## Monitoring Your Monthly Caseload

Step	Source	Explanation	Example	Reference #	Numbers
1	Participation Report Log	<p>To project the number of people you can serve in the next month, do the following:</p> <p>Annual caseload            - # served so far _____            = # left to serve            + # months remaining in FY            = average # to serve per month</p>	<p>4800  <u>-2000</u> (by Jan 31)            2800  <u>+ 8 (Feb.- Sep)</u>            350 (monthly avg.)</p>	<p>A1 &amp; A3            A2</p>	<p>126201 x 3 = 378603            118701 x 9 = +1068309            1446912  <u>- 492389 (Jan init)</u>            954523  <u>+ 8</u>            119315            (monthly average)</p>
2	Participation report or manual count	<p>End of month count from last month  <u>-average to serve each month</u>            = # of people who need to be cut</p>	<p>500 (in Jan.)  <u>-350</u> (monthly avg.)            150 (# to decrease)</p>	<p>A2</p>	<p>12,5149 (in Jan)  <u>-119315</u>            5843</p>
3	WIC Participation Log	<p>Guesstimate how many priorities you need to cut in order to get to this number.</p> <p>a. Check WIC Participation Log for # of people in each priority.            b. Start with Priority 7. If there is not enough reduction, add Priority 6, then Priority 5, and so on until you reach a number close to the number you need to reach.            c. Be aware of which priorities may be subdivided in case you do not need to close the entire priority.</p>	<p>Priority 7= 20            Priority 6= 40            Priority 5= 40  <u>Priority 4= 50</u></p> <p>You would need to close these priorities and leave Priorities 1-3 open.</p>	<p>B1</p>	<p>Priority 7= 546            + Priority 6= 845            + Priority 5= 1585  <u>+ Priority 4= 13683</u>            16659            (You should actually come closer to the number in Step 2, but this will stay consistent with Example.)</p>

Participation report=A, Issuance Participation = B, Maintenance Activity Summary = C, Participant Recertification Due Summary = D, Participant Termination Due Summary = E

## Monitoring Your Monthly Caseload

Step	Source	Explanation	Example	Reference #	Numbers
4	WIC Participation Log	The WIC Participation Log will show you the no-show rate. Save this for later use in adjusting enrolled numbers to participation numbers if you wish.	25 non participating <u>+525</u> enrolled 5% no show rate	B2	8.9%
5	WIC Participation Log & Maintenance Activity Summary	<p>Calculate the number of people expected to come on to the program in Priorities 1, 2, and 3.</p> <p>Add the “count” on lines 1 (TT1), 5 (TT5) and 6 (TT6) of the Maintenance Activity Summary. Add the three percentages in the far right column on the WIC Participation Log for Priorities 1,2, and 3.</p> <p>Multiply the count from lines 1,5, and 6 by the total percentage of caseload in Priorities 1,2, and 3 in order to get an estimate of the number of people who will be eligible (applicants) for the program in the next month.</p>	<p>Line 1 (TT1's) = 6 Line 5 (TT5's) = 3 <u>+ Line 6 (TT6's) = 3</u> 12</p> <p>Priority 1 = 30% Priority 2 = 15% <u>+ Priority 3 = 35%</u> 80%</p> <p>.80 x 12 = 10 (eligibles expected in Feb. in open priorities)</p>	<p>C1 C2 C2</p> <p>B3 B3 B3</p>	<p>9569 1730 <u>+ 359</u> 11658</p> <p>29.2% 17.5% <u>+ 38.2%</u> 84.9%</p> <p>11658 x .849 = 9898 (# of eligibles)</p>
6		Add the number from Step 5 to the participation number from last month.	500 (Jan. participation) <u>+ 10 eligibles</u> 510	A2 Step 5	125149 <u>+ 9898</u> 135047

Participation report=A, Issuance Participation = B, Maintenance Activity Summary = C, Participant Recertification Due Summary = D, Participant Termination Due Summary = E

## Monitoring Your Monthly Caseload

Step	Source	Explanation	Example	Reference #	Numbers
7	Participant Recertification Due	<p>There are two pages to this report. One shows the number of recerts due and the other shows the number of terminations due for the current month and the next three months.</p> <p>a. Use the recertification and add together the number of certifications due for the next month in Priorities 4,5, &amp; 7. (Remember that all Priority 6 is terminated and not categorically eligible to be certified.)</p> <p>(This report reflects the number of <b>enrolled</b> people. You may want to decrease the figures by the no show rate you calculated in Step 4 to get a more accurate figure.)</p>	<p>Priority 4 = 10  Priority 5 = 10  <u>Priority 7 = 10</u>  30  (people due for certification in closed priorities who will be placed on the waiting list)</p>	D1	<p>Priority 4 = 211  +Priority 5 = 2396  +<u>Priority 7 = 176</u>  2783  (people due for certification in closed priorities who will be placed on the waiting list)</p>
8		Subtract the number of people in closed Priorities due for certification from the Caseload number.	<p>510 (caseload)  - <u>30</u>(recerts)  480</p>	Step 6 Step 7	<p>135047  - <u>2783</u>  132264</p>

Participation report=A, Issuance Participation = B, Maintenance Activity Summary = C, Participant Recertification Due Summary = D, Participant Termination Due Summary = E

## Monitoring Your Monthly Caseload

Step	Source	Explanation	Example	Reference #	Numbers
9	Participant Termination Due	<p>Add together the terminations in all priorities due in the next month.</p> <p>(This report reflects the number of <b>enrolled</b> people. You may want to decrease the figures by the no show rate you calculated in Step 4 to get a more accurate figure.)</p>	<p>Priority 1 = 5  +Priority 2 = 5  +Priority 3 = 5  +Priority 4 = 5  +Priority 5 = 5  +Priority 6 = 5  <u>+Priority 7 = 10</u>  40</p> <p>(People who will be ineligible/terminated during the next month)</p>	E1	<p>Priority 1 = 934  +Priority 2 = 51  +Priority 3 = 1726  +Priority 4 = 55  +Priority 5 = 201  +Priority 6 = 347  <u>+Priority 7 = 18</u>  3332</p> <p>(People who may be ineligible/terminated during the next month)</p>
10		<p>Subtract the number calculated in Step 9 from the caseload number in Step 8. This will give you the number you will be serving at the end of the month.</p>	<p>480  - 40  440</p> <p>(Remember that the targeted number in Step 1 was 350.)</p>	Step 8 Step 9	<p>132264  - 33332  131715</p> <p>(Remember that the targeted number in Step 1 was 119315.)</p>
11		If the projected end of the month count is lower than you need it to be, do not close as many priorities or subpriorities as you planned or you may need to open some closed priorities or subpriorities.			
12		If the projected end of the month count is higher than you need it to be, you will need to close more priorities or subpriorities than you planned.	This is true of the example above.		<p>This is true of the example above.</p> <p>131715 &lt; 119315</p>
13		When you get the actual end of the month count for this month, you will need to calculate where you are, where you need to be, and which priorities you need to open or close.			

Participation report=A, Issuance Participation = B, Maintenance Activity Summary = C, Participant Recertification Due Summary = D, Participant Termination Due Summary = E



## Flow Sheet for Monitoring Caseload

Step	Action	Source	Actual numbers
1	Multiply your monthly assigned caseload by 12 months. For amended caseloads, multiply the original number by the number of months it was authorized, and the subsequent number by the number of months it is authorized. Add the two numbers.	Participation sheet or contract with cover letters with “amendments”	
2	Assigned annual caseload - <u>Caseload served to date</u> = Caseload to serve for the remaining in FY	Step 1 Participation sheet	
3	Caseload to serve for the remaining FY + <u># of months remaining in FY</u> = Average number to serve monthly to meet assigned caseload.	Step 2	
4	Participant end of the previous month count - <u>average number to serve monthly</u> = # of participants to decrease	Participation sheet	
5	Check WIC Participation Log and guesstimate based on the total number of people in each priority how many priorities you will have to close.	WIC Participation Log	

## Flow Sheet for Monitoring Caseload

Step	Action	Source	Actual numbers
6	Review your no-show rate. You may want to use it later to further refine your numbers by adjusting any numbers which are enrolled as opposed to participating.	WIC Participation Log	
7	From the Maintenance Activity Summary “1 – New Certifications” “5 – Transfers (in state)” + “6 – Adds (out-of-state)” =Approximate number of people you will gain in a month.	Maintenance Activity Summary	
8	Add the percentages of the priorities you plan to serve from the WIC Participation Log. Multiply this sum by the sum in Step 7.	WIC Participation Log	
9	Number of people gained + <u>Participation number from last month</u> =Participation with add-ons	Step 8 Participation sheet or agency count	
10	Use the Participant Recertification Due Summary. Take the total number of recerts due for the priorities you have closed for the next month.	Participant Recertification Due Summary	
11	Use the Participant Termination Due Summary. Take the total number of terminations due for all priorities.	Participant Termination Due Summary	
12	Add the numbers in step 10 and Step 11 together.	Step 10 Step 11	

## Flow Sheet for Monitoring Caseload

Step	Action	Source	Actual numbers
13	$\begin{array}{r} \text{Number in Step 9} \\ - \text{Number in Step 12} \\ \hline = \text{Projected end of the month participation} \end{array}$	Step 9 Step 12	
14	If the number calculated in Step 13 is lower than the number in Set 3, then you could reopen priorities or subpriorities.	Step 3 Step 13	
15	If the number calculated in Step 13 is higher than the number in Step 3, then you have to close additional priorities or subpriorities.	Step 3 Step 13	

## **Chapter Four**

### **Certification**

---

#### **Appendix D: Sample Letter for Referral Agency Communication re: Waiting Lists**

---

Date

Dear WIC Partner:

For the past few years the Arizona WIC program has been growing and has been accepting all applicants who meet the eligibility criteria. However we are now in a position where we are going to have to reduce our caseload in response to restrict funding and rising costs. In the next few months we will need to remove approximately 3,800 participants statewide from the program. This does not mean, however, that we are not taking new applicants.

Although we may not be able to serve all of the potentially eligible applicants, we will continue to serve those at highest risk. According to WIC definitions of risk and priority for service, pregnant women come ahead of all others. Breastfeeding women and infants are next with children and postpartum, non-breastfeeding women in the lower priorities.

This means that we still are encouraging all agencies to continue to refer potential WIC clients to us. New applicants have an equal chance of being served as clients who are at the end of their certification periods. WIC does not give preference to clients who have been on the program before.

Postpartum women and some children may be placed on waiting lists or referred to other programs such as Food Plus (CSFP) or Head Start.

We don't want to give the impression to the public that it is not worthwhile to apply for WIC because WIC is experiencing caseload adjustments. We are still serving pregnant and breastfeeding women, infants, and most children who meet our eligibility criteria.

Thank you for your continuing support of WIC and your referral of potential WIC clients.

Sincerely,

Local Agency WIC Director

**Appendix E: Script for WIC Staff re: Waiting Lists**

---

## **Waiting List Information – Sample Dialogue**

- Client: What is a waiting list?
- Staff: A waiting list is something that the WIC program must start if there is not enough money to serve all the people that apply for the WIC program. Some applicants cannot be served at the time they apply so they are placed on a waiting list in case they can be enrolled sometime in the future.
- Client: How do you choose who is the waiting list and who gets to be on the program?
- Staff: The WIC program is setup by priorities. There are certain categories of applicants (pregnant, infant, child) with certain nutritional risks (anemia, low birth weight, underweight) that the program considers to be higher in priority than others. The applicants with the lowest priorities would be placed on the waiting list first.
- Client: Why can I (pregnant woman) be on the program, but my child is on the waiting list?
- Staff: Because your child falls into a lower priority than you do, a priority that we are not able to serve at this time.
- Client: How long will (myself or my child) be on the waiting list?
- Staff: That depends on a few things. If it is decided that the program could open the priorities that you or your child may qualify for, then you would be contacted. If you or your child are on the waiting list and over time become ineligible because of the category you no longer fall in, (example: child turns 5 years old) then you may not ever be enrolled on the program.
- Client: I need to be on WIC, but you are telling me that I can't be on; what other benefits can I receive?
- Staff: I can offer the CSFP program (if applicable) while you are on the waiting list for the WIC program and refer you to other assistance programs in your area (such as Head Start).
- Client: Can I go to the clinic down the road or in the next county to get WIC?
- Staff: You need to apply at the clinic closest to your residence. The whole state of Arizona is involved in this budget crunch so those other agencies/clinics are most likely in a similar predicament to this clinic.

Client: Even though you are telling me that it is not likely that my child (or myself) will come off the of the waiting list, can my (or his) name still be placed on the waiting list.

Staff: Yes, even though it does not look promising that your (or his) priority will be served, we will place your name on the waiting list if you would like us to do so.

Client: My family has never had a problem being enrolled on to the WIC program; who else can I speak to about this waiting list?

Staff: I can contact my supervisor to speak to you about it.